

**Texas Education Agency  
Standard Application System (SAS)**

**2018–2019 Texas Education for Homeless Children and Youth**

<b>Program authority:</b>	McKinney-Vento Homeless Assistance Act, Subtitle VII-B, reauthorized by Title IX, Part A, of the Every Student Succeeds Act	<b>FOR TEA USE ONLY</b> Write NOGA ID here:
<b>Grant Period:</b>	September 1, 2018, to August 31, 2019	
<b>Application deadline:</b>	5:00 p.m. Central Time, April 3, 2018	Place date stamp here.
<b>Submittal information:</b>	<p>Applicants must submit one original copy of the application with an original signature, and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address:</p> <p style="text-align: center;">Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave. Austin, TX 78701-1494</p>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TEXAS EDUCATION AGENCY</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">2018 MAR 27 PM 1:30</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DOCUMENT CONTROL CENTER</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRANTS ADMINISTRATION</div>
<b>Contact information:</b>	Cal Lopez; <a href="mailto:HomelessEducation@tea.texas.gov">HomelessEducation@tea.texas.gov</a> , (512) 463-9414	

**Schedule #1—General Information**

**Part 1: Applicant Information**

Organization name	County-District #		Amendment #
Crosby ISD	101906		
Vendor ID #	ESC Region #	DUNS #	
17463065	Region 4	096027255	
Mailing address		City	State    ZIP Code
706 Runneburg Rd		Crosby	TX    77532
<b>Primary Contact</b>			
First name	M.I.	Last name	Title
Olivia		Carden	Federal Programs Specialist
Telephone #	Email address		FAX #
281-328-9200	ocarden@crosbyisd.org		281-328-9226
<b>Secondary Contact</b>			
First name	M.I.	Last name	Title
Carla		Merka	CFO
Telephone #	Email address		FAX #
281-328-9200	cmerka@crosbyisd.org		281-328-9226

**Part 2: Certification and Incorporation**

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

**Authorized Official:**

First name	M.I.	Last name	Title
Carla		Merka	CFO
Telephone #	Email address		FAX #
281-328-9200	<a href="mailto:cmerka@crosbyisd.org">cmerka@crosbyisd.org</a>		281-328-9226
Signature (blue ink preferred)			Date signed



*Only the legally responsible party may sign this application.*

**701-18-109-003**

**Schedule #1—General Information**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Part 3: Schedules Required for New or Amended Applications**

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application.

For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Required Attachments and Provisions and Assurances	<input checked="" type="checkbox"/>	N/A
3	Certification of Shared Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Request for Amendment	N/A	<input checked="" type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	See Important Note For Competitive Grants*	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Responses to Statutory Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Equitable Access and Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**\*IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, the application will be disqualified.

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On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Part 1: Required Attachments**

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No fiscal-related attachments are required for this grant.		

#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No program-related attachments are required for this grant.		

**Part 2: Acceptance and Compliance**

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

**Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and require a separate certification.**

X	Acceptance and Compliance
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the <a href="#">General and Fiscal Guidelines</a> .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the program guidelines for this grant.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all <a href="#">General Provisions and Assurances</a> requirements.
<input checked="" type="checkbox"/>	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all <a href="#">Debarment and Suspension Certification</a> requirements.
<input checked="" type="checkbox"/>	I certify that this organization does not spend federal appropriated funds for lobbying activities and certify my acceptance of and compliance with all <a href="#">Lobbying Certification</a> requirements.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with Every Student Succeeds Act Provisions and Assurances requirements.

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**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Part 3: Program-Specific Provisions and Assurances**☒ I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurance that all homeless children and unaccompanied youth have equal access to the same free, appropriate public education, including a public prekindergarten programs in accordance with TEC 29.153, as provided to other children and youth.
4.	The applicant provides assurance that it will review and revise any policies that may act as barriers to the identification, enrollment and retention of homeless children and unaccompanied youth; including policies related to outstanding fees, fines, absences, proof of residency, immunizations, birth certificates, guardianships, school records, transportation and other documentation.
5.	The applicant provides assurance that it will provide access to educational and other services needed for homeless children and unaccompanied youth, to ensure that such children and youth have an opportunity to meet the same challenging state academic standards to which all students are held.
6.	The applicant provides assurance that the use of subgrant funds will comply with section 722(g)(3) through (7) of the McKinney-Vento Homeless Assistance Act.
7.	The applicant provides assurance that all homeless children and unaccompanied youth receive prompt and appropriate placement in programs such as: Special Education, Career and Technical, Gifted and Talented, and Bilingual/ESL Education.
8.	The applicant provides assurance that all data requests from TEA and any entity acting on the behalf of TEA are accurately and promptly reported.
9.	The applicant provides assurance that midyear and end of year performance evaluation reports are submitted for each year grant funds are received.
10.	The applicant provides assurance that it will collaborate with district stakeholders to implement and monitor early warning academic interventions, to ensure on time promotion and graduation for homeless children and unaccompanied youth.
11.	The applicant provides assurance that collaboration will occur with the homeless liaison and district stakeholders for proper identification and coding of homeless children and unaccompanied youth.
12.	The applicant provides assurance that services provided by grant funds will not replace regular academic programs.
13.	The applicant provides assurance that all identified and enrolled homeless children and unaccompanied youth are accurately reported in TSDS PEIMS in a timely manner.
14.	The applicant provides assurance of collaboration with local social service agencies to provide support services and community resources for homeless children, unaccompanied youth and their families.
15.	The applicant provides assurance that all homeless children and unaccompanied youth receive free meals and transportation to the school of origin, when requested by the parent, guardian, or unaccompanied youth, if it is deemed in the best interest of the student.
16.	The applicant provides assurance that performance and fiscal monitoring reports are submitted for each year grant funds are received.
17.	The applicant provides assurance that it will remove barriers to accessing academic and extracurricular activities, including magnet school, summer school, career and technical education, advanced placement, online learning, and charter school programs.

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- |     |  |
|-----|--|
| 18. | The applicant provides assurance that at least one person affiliated with the management of this grant will attend required trainings. |
|-----|--|

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**Schedule #3—Certification of Shared Services**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

I, as one of the below member entity authorized officials, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the entity that I represent has authorized me to file this application, and that such authorization action is recorded in the minutes of the local agency's board meeting.

The participating or intermediate education agency named has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all shared services arrangement (SSA) activities and is therefore responsible for ensuring that all funds including payments to members of SSAs are expended in accordance with applicable laws and regulations.

All participating agencies have entered into a written SSA agreement that describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project from funds specified below.

It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits; however, based upon the SSA agreement, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member agencies where the discrepancy(ies) occurred.

Any additional funds that result from an increase will not require additional signatures. **Each member identified below acknowledges accountability for the requirements contained in the provisions and assurances listed in Schedule #2, Parts 2 and 3, as applicable.** Each member entity certifies its agreement to participate in this SSA, as stated throughout this grant application.

#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
<b>Fiscal Agent</b>				
1.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
<b>Member Districts</b>				
2.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
3.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
4.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
5.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
6.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
7.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
8.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	

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**Schedule #3—Certification of Shared Services (cont.)**

County-district number or vendor ID:

Amendment # (for amendments only):

#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
<b>Member Districts</b>				
9.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
10.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
11.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
12.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
13.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
14.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
15.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
16.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
17.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
18.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
19.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
20.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
<b>Grand total:</b>				

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**Schedule #5—Program Executive Summary**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Crosby ISD is seeking this competitive grant to assist our students that are homeless the opportunity to participate in after school activities and have transportation. To the maximum extent practical, transportation services provided would be in such a way that they are not isolated or stigmatized. This would promote academic, social and extra-curricular success among our homeless students. By specifically dedicating money to the provision of transportation to meet the needs of children and youth experiencing homelessness the result would provide an opportunity for homeless students to become more involved at school, both academically and extra-circularly.

By gathering salary costs for transportation employees and the number of days needed we were able to compute an amount for the budget of this money. Crosby ISD currently has a low SES of 55% and has an increasing number of homeless students. Money from this grant would greatly help students in this sub-population. In our district, our campus and district site based teams work to provide the needs assessment tool. The Executive Directors of Curriculum work closely with the campus and site base teams to ensure efficacy, updates and changes, if necessary. Crosby ISD takes great pride in collaborating with all departments involved to ensure that the program receives reliable and superior management of funds. The program would be overseen by the Executive Directors of Curriculum along with the Director of Transportation.

Upon receipt of this grant, Crosby ISD will continue our commitment to students that are homeless. We strive to assist our students in all facets of their academic career. We are committed to continuing these endeavors after the grant funding terminates because we are devoted to our student success by not having any barriers.

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By TEA staff person:



**Schedule #6—Program Budget Summary**

County-district number or vendor ID: 101906			Amendment # (for amendments only):		
Program authority: McKinney-Vento Homeless Assistance Act, Subtitle VII-B, reauthorized by Title IX, Part A, of the Every Student Succeeds Act (42 U.S.C. 11431 et seq.)					
Grant period: September 1, 2018, to August 31, 2019			Fund code/shared services arrangement code: 206/295		
<b>Budget Summary</b>					
Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost
Schedule #7	Payroll Costs (6100)	6100	\$12600	\$	\$
Schedule #8	Professional and Contracted Services (6200)	6200	\$	\$	\$
Schedule #9	Supplies and Materials (6300)	6300	\$	\$	\$
Schedule #10	Other Operating Costs (6400)	6400	\$	\$	\$
Schedule #11	Capital Outlay (6600)	6600	\$	\$	\$
Total direct costs:			\$	\$	\$
Percentage% <u>indirect costs</u> (see note):			N/A	\$	\$
Grand total of budgeted costs (add all entries in each column):			<b>\$12600</b>	<b>\$</b>	<b>\$12600</b>
<b>Shared Services Arrangement</b>					
6493	Payments to member districts of shared services arrangements		\$	\$	\$
<b>Administrative Cost Calculation</b>					
Enter the total grant amount requested:					\$
Percentage limit on administrative costs established for the program (8%):					× .08
Multiply and round down to the nearest whole dollar. Enter the result.					\$
This is the maximum amount allowable for administrative costs, including indirect costs:					\$

NOTE: Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. If indirect costs are claimed, they are part of the total grant award amount. They are not in addition to the grant award amount.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Do not submit an amendment solely for the purpose of budgeting indirect costs.

If selected for a competitive grant, your award amount will be the lesser of the grand total of budgeted costs as stated on this schedule (the box with the bold outline), or the sum of all line items listed on this schedule, or the maximum allowable award amount. TEA is not responsible for math errors.

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<b>Schedule #7—Payroll Costs (6100)</b>				
County-district number or vendor ID: 101906			Amendment # (for amendments only):	
Employee Position Title			Estimated # of Positions 100% Grant Funded	Grant Amount Budgeted
<b>Academic/Instructional</b>				
1	Teacher			\$
2	Educational aide			\$
3	Tutor			\$
<b>Program Management and Administration</b>				
4	Project director			\$
5	Project coordinator			\$
6	Teacher facilitator			\$
7	Teacher supervisor			\$
8	Secretary/administrative assistant			\$
9	Data entry clerk			\$
10	Grant accountant/bookkeeper			\$
11	Evaluator/evaluation specialist			\$
<b>Auxiliary</b>				
12	Counselor			\$
13	Social worker			\$
14	Community liaison/parent coordinator			\$
<b>Education Service Center (to be completed by ESC only when ESC is the applicant)</b>				
15	ESC specialist/consultant			\$
16	ESC coordinator/manager/supervisor			\$
17	ESC support staff			\$
18	ESC other			\$
19	ESC other			\$
20	ESC other			\$
<b>Other Employee Positions</b>				
21	Bus driver		2	12600
22	Title			\$
23	Title			\$
24	Subtotal employee costs:			\$
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>				
25	6112	Substitute pay		\$
26	6119	Professional staff extra-duty pay		\$
27	6121	Support staff extra-duty pay		\$
28	6140	Employee benefits		\$
29	61XX	Tuition remission (IHEs only)		\$
30	Subtotal substitute, extra-duty, benefits costs			\$
31	Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):			\$12600

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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<b>Schedule #8—Professional and Contracted Services (6200)</b>		
County-district number or vendor ID: 101906		Amendment # (for amendments only):
<b>NOTE:</b> Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.		
<b>Professional and Contracted Services Requiring Specific Approval</b>		
<b>Expense Item Description</b>		<b>Grant Amount Budgeted</b>
6269	Rental or lease of buildings, space in buildings, or land	\$
	Specify purpose:	
<b>a. Subtotal of professional and contracted services (6200) costs requiring specific approval:</b>		\$
<b>Professional and Contracted Services</b>		
<b>#</b>	<b>Description of Service and Purpose</b>	<b>Grant Amount Budgeted</b>
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
<b>b. Subtotal of professional and contracted services:</b>		\$
<b>c. Remaining 6200—Professional and contracted services that do not require specific approval:</b>		\$
<b>(Sum of lines a, b, and c) Grand total</b>		<b>\$</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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<b><u>Schedule #9—Supplies and Materials (6300)</u></b>		
County-District Number or Vendor ID: 101906		Amendment number (for amendments only):
Expense Item Description		Grant Amount Budgeted
6300	Total supplies and materials that do not require specific approval:	\$
Grand total:		\$

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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<b><u>Schedule #10—Other Operating Costs (6400)</u></b>		
County-District Number or Vendor ID: 101906		Amendment number (for amendments only):
Expense Item Description		Grant Amount Budgeted
6411	Out-of-state travel for employees. Must be allowable per Program Guidelines and grantee must keep documentation locally.	\$
6412/ 6494	Educational Field Trip(s). Must be allowable per Program Guidelines and grantee must keep documentation locally.	\$
Subtotal other operating costs requiring specific approval:		\$
Remaining 6400—Other operating costs that do not require specific approval:		\$
<b>Grand total:</b>		<b>\$</b>

In-state travel for employees does not require specific approval.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #11—Capital Outlay (6600)**

County-District Number or Vendor ID: 101906		Amendment number (for amendments only):		
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted
<b>6669—Library Books and Media (capitalized and controlled by library)</b>				
1		N/A	N/A	\$
<b>66XX—Computing Devices, capitalized</b>				
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
<b>66XX—Software, capitalized</b>				
12			\$	\$
13			\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
<b>66XX—Equipment, furniture, or vehicles</b>				
19			\$	\$
20			\$	\$
21			\$	\$
22			\$	\$
23			\$	\$
24			\$	\$
25			\$	\$
26			\$	\$
27			\$	\$
28			\$	\$
<b>66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b>				
29				\$
<b>Grand total:</b>				<b>\$</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #12—Demographics and Participants to Be Served with Grant Funds**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Part 1: Student Demographics of Population To Be Served With Grant Funds.** Enter the data requested for the population to be served by this grant program. If data is not available, enter DNA. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.

Student Category	Student Number	Student Percentage	Comment
Economically disadvantaged	3442	55%	
Identified homeless students	380	6%	
Students identified homeless with a 5A Crisis Code	51	1%	
Students identified homeless with a 5B Crisis Code	0		
Students identified homeless with a 5C Crisis Code	210	3%	
Attendance rate for identified homeless students	NA		
Attendance rate for economically disadvantaged students	NA		

**Part 2: Students To Be Served With Grant Funds.** Enter the number of students in each grade, by type of school, projected to be served under the grant program.

**School Type:** ☒ Public ☐ Open-Enrollment Charter

**Students**

PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
185	250	260	280	294	292	267	264	233	268	256	243	173	146	3411

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By TEA staff person:

**Schedule #13—Needs Assessment**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Part 1: Process Description.** A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Crosby ISD has a district team that reviews the district mission and vision statements. They then review the purpose and outcomes for conducting the CNA and the prioritization of funds. Each campus site based teams analyze TAPR and Campus Report cards to identify areas of need. Campus teams gather data and gather the information need for each component of the CNA. Campus site based teams develop and prioritize their problem statements and root causes. Each Campus site based teams then completes their CNA.

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By TEA staff person:

**Schedule #13—Needs Assessment (cont.)**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Part 2: Alignment with Grant Goals and Objectives.** List your top five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	Participation in academic tutorials	Allow students opportunities to attend tutorials afterschool and have transportation home.
2.	Access to technology with Wi-Fi after school hours	Allow students an opportunity to access the Wi-Fi on campus, free of charge and then have transportation home.
3.	Participation in extracurricular activities	Allow students an opportunity to stay after to participate in extras curricular activities.
4.		
5.		

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By TEA staff person:

**Schedule #14—Management Plan**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Part 1: Staff Qualifications.** List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	Direct of transportation	Oversees transportation department
2.	Exec. Dir. Of curriculum	Works with organizing academic tutorials
3.	Principals	Organize and oversee academics and extracurricular activities
4.	Asst. Principals	Works directly with teachers and coaches
5.	Bus drivers	Qualified and licensed to transport CISD students

**Part 2: Milestones and Timeline.** Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Increase engagement and involvement of those involved	1. Grade check each 9 weeks	08/17/2018	05/31/2019
		2. Attendance check each 9 weeks	08/17/2018	05/31/2019
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
2.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
3.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
4.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
5.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX

Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.

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**Schedule #14—Management Plan (cont.)**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Part 3: Feedback and Continuous Improvement.** Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Crosby ISD utilizes both the District Improvement Plan and Campus Improvement Plans for monitoring and attaining goals and objectives set forth. In addition, surveys are conducted with staff, students, parents and community members to assist with monitoring ongoing programs. District level staff will work closely with campus and transportation staff to facilitate the use of the funds to provide the transportation needed for students that are homeless. Staff will meet each nine weeks to review data (grades, attendance, and participation). Upon conclusion of the meeting(s), the committee chair will report via email the results of data that has been collected.

**Part 4: Sustainability and Commitment.** Describe any ongoing, existing efforts that are similar or related to the planned project. How will you demonstrate a commitment to education for all homeless children and unaccompanied youth? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Safeguarding students that are homeless is a key component for Crosby ISD. Each year we analyze, disaggregate, and determine the needs of all of our students. By continuing with the same type of procedures, Crosby ISD will make efforts to demonstrate a commitment to education for all of our homeless and unaccompanied youth that attend our schools.

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By TEA staff person:

**Schedule #15—Project Evaluation**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Part 1: Evaluation Design.** List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment	
1.	Tutorial sign in sheets	1.	Allows evaluation of percentage of students (McKinney Vento) participating
		2.	Review of EOC scores to determine increase in passing rate
		3.	
2.	Transportation scanners	1.	Collection of data to determine percentage of students participating
		2.	
		3.	
3.	Progress Reports/ Report cards	1.	Review of grades to determine increase or decrease by the participates
		2.	
		3.	
4.	Extracurricular rosters or team list	1.	Reviewing rosters and/ or teams lists will enable to see possible increase in participation.
		2.	
		3.	
5.		1.	
		2.	
		3.	

**Part 2: Data Collection and Problem Correction.** Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Crosby ISD utilizes several data collection fields to determine the efficacy of a program. By using tutorial sign in sheets, we will be able to determine the number of homeless/unaccompanied youth that are attending academic tutorials. Direct correlation of attendance to academic tutorials to having transportation should reflect positively in an increase in their academic performance, both in the classroom and on state assessment. The district's digital transportation scanning badges will allow us to collect data on the number of homeless/unaccompanied youth that are using the after school transportation services in addition to the number of times a student is transported after school. Every three weeks a review of grades (progress reports and/or report cards) will exhibit possible correlation of an increase in academic performance. It will also allow us to the correlation with an increase in participation in extra-curricular activities. As data is analyzed, the committee will determine any problems with the project and work to correct so students are able to continue to receive a barrier free education and barrier free involvement in extra-curricular activities.

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By TEA staff person:

**Schedule #16—Responses to Statutory Requirements**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Statutory Requirement 1:** Describe the services and program that will be provided to address the identified needs.

Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Activity Description	Estimated # to Participate	General Location and Position Responsible for Completing	Documentary Evidence and Position Responsible for Collecting Evidence	Related Need(s) (from Schedule 13)
Academic tutorials		Classrooms & library/ Teacher, AP, AP Secretary	Sign in sheets, scanner ID's	
Technology usage		Classrooms & library/ Teacher, AP, AP Secretary	Login verification, sign in sheets	
Extracurricular activities		Stadium, gym & classrooms/ Teacher, coach, director	Rosters	

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By TEA staff person:

**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Statutory Requirement 2a:** Identify collaborators from other state and local agencies that serve homeless children and unaccompanied youth and describe the collaborative activities. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	LEA/ESC or Community Collaborator (Do not list personal names. Only list names of departments or organizations)	Brief Description of Collaborative Activities
Ex. 1:	National Honor Society at ABC HS	Provides weekend snack packs once per week for elementary students
Ex. 2:	Interfaith Ministries	Provides new blankets for homeless children and provides vouchers for shoes at local stores.
1.	Churches United in Caring	Provides gently used clothing for our homeless children and provides food vouchers for their food bank.
2.	BackPack Buddy	Coordination from the Houston Food Bank; we provide sacks of groceries to our low-income students to take home on the weekends.
3.	Clothe a Child	Coordinated w. Crosby Church. Children's receive shopping spree at Walmart for clothing
4.	Churches United in Caring	Provides donated new school supplies to each campus
5.	Toys 4 Tots	In combustion with Harris & Chambers County children, receive toys, gifts, clothes at Christmas.
6.		
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14.		
15.		

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**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Statutory Requirement 2b:** Describe how the proposed use of funds will facilitate the identification, enrollment, and educational success of homeless children and unaccompanied youth. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Crosby ISD intends to alleviate the barrier our homeless and unaccompanied youth have encountered with not having after school transportation. Enabling the students to be a part of the planned program (with their access to internet connectivity to do their coursework, afterschool instructional tutoring and the ability to partake in extracurricular activities) will lead to their educational success.

**Statutory Requirement 2c:** Describe the extent to which the applicant will promote the meaningful involvement of parents or guardians of homeless children and the youth in the education of their children. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Crosby ISD will continue their methods of actively reaching out to our homeless students, their caregivers and our unaccompanied youth with programs such as Blackboard, Remind and personally reaching out to them with phone calls and emails.

**Statutory Requirement 2d:** Describe the extent to which homeless children and unaccompanied youth will be integrated into the regular education program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Crosby ISD has no barriers and all homeless and unaccompanied youth are integrated into our regular education program.

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**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Statutory Requirement 3a:** Describe the process for the development and preparation of the LEA's plan for coordinating services for eligible homeless children and unaccompanied youth using Title I, Part A reservations/set-asides. In the chart, include the actual set-aside for 2016–2017 and the planned set-aside for 2017–2018. For applicants applying as a SSA, provide set-asides for each LEA. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The amount needed to assist other funds to provide needed school supplies to each of our homeless students and unaccompanied youth is how the set aside amounts have been prepared. Crosby ISD aims at having the federal funds to work in coordination with services provided to our homeless and unaccompanied youth at each campus to provide them with needed resources to help succeed in class.

	Reservation/Set-Aside Amount	Use/Activities
Actual Set-Aside for 2016–2017	500	Provide needed school supplies and clothing for our homeless children.
Planned Set-Aside for 2017–2018	500	Provide needed school supplies and clothing for our homeless children.

**Statutory Requirement 3b:** How does the LEA determine its reservation/set-aside amount, how does the LEA assist staff in understanding the LEA's policy/procedure to support homeless students using these funds, and how does the LEA address the needs of homeless students in the Campus Improvement Plan? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Crosby ISD has taken record of how much assistance/ service will be needed with the help of campus counselors to determine a set aside amount for the coming year.

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**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**Statutory Requirement 4:** Indicate if the applicant has current policies and procedures and their applicable revision date. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Required Policies and Procedures	Current Policy/Procedure (Indicate Yes or No)
<b>School Selection:</b> Each homeless child and unaccompanied youth has a right to remain at his or her school of origin or to attend any school that serves students who live in the attendance area in which the child or unaccompanied youth is living. State law also permits homeless children and youth to attend any school district in Texas (TEC Sect. 25.001(5)).	Yes
<b>Enrollment:</b> Homeless children and unaccompanied youth must be enrolled immediately and may not be denied or delayed enrollment due to the lack of any documentation normally required for enrollment.	Yes
<b>Transportation:</b> Shall be provided to and from the school of origin for a homeless child or unaccompanied youth, when requested by the parent, guardian, or unaccompanied youth.	Yes
<b>Services:</b> Homeless children and unaccompanied youth must receive services comparable to services offered to other students.	Yes
<b>Disputes:</b> If a dispute arises over eligibility, school selections, or enrollment; the homeless child or unaccompanied youth shall be the school in which the parent, guardian or unaccompanied youth seeks enrollment pending resolution of the dispute. Do you have a Dispute Resolution Policy?	Yes
<b>Free meals:</b> Homeless children and unaccompanied youth are categorically eligible for free meals from the date of enrollment.	Yes
<b>Title I:</b> Homeless children and unaccompanied youth are categorically eligible for Title I coordinated services, regardless of what school they attend.	Yes
<b>Training:</b> Liaisons conduct professional development to improve identification, heighten awareness, and capacity to respond to the specific needs of homeless students and unaccompanied youth to the following LEA and school staff at least once a year: assistant superintendents, principals, assistant principals, federal program administrators, registrars, school secretaries, school counselors, school social workers, bus drivers, cafeteria workers, school nurses and teachers.	Yes
<b>Coordination:</b> Liaisons shall coordinate and provide referrals to medical, housing, public and private service providers; to support the education of homeless and unaccompanied homeless youth.	Yes
<b>Pre-School:</b> Homeless children have access to enrollment in LEA-based prekindergarten programs in accordance with TEC 29.153.	Yes
<b>Transition to Higher Education:</b> Liaisons shall coordinate individualized academic counseling services to prepare unaccompanied youth for college and career; including but not limited to, providing verification of their independent status for post-secondary applications; college visits; financial aid; on-campus support services; etc.	Yes

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**TEA Program Requirement 1:** Describe the process or procedures that are utilized to identify and/or enroll homeless students and unaccompanied youth who: (a) are entering and/or returning to their schools from summer or holiday break, (b) become homeless after the school year has started, (c) are not currently enrolled or attending school, and (d) are eligible for early childhood and/or prekindergarten programs. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Crosby ISD administers a Residency Questionnaire to all new and returning students to help identify and reach out to identify our homeless students. If during the school year we are made aware that a student(s) have become displaced we (the school counselor, registrars, or homeless liaison) verify information gathered to determine eligibility. At any point that we discover a homeless student is not attending school or has enrolled are campus counselors and homeless liaison work together to help locate and inquire about any assistance needed to transport the homeless student to school with whatever school supplies needed. In the verification process, we find out that there are students eligible to attend our preschool program we provide information to parent/ caregiver to get the student enrolled.

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By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**TEA Program Requirement 2:** Describe the training and professional development that are in place to assist with the identification, enrollment, and increased capacity to respond to the specific educational needs of homeless children and unaccompanied youth, including for: (a) administrative, instructional, and support staff; and (b) service providers and/or community collaborators. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Periodic training administered at district level and professional developments opportunities through our ESC and other ESC through webinars are taken for our homeless liaison, PIEMS coordinators, registrars, and campus counselors. Crosby ISD has collaborated with Churches United in Caring to provide clothing and food vouchers to students/ families that are referred to them. Crosby ISD also works with Backpack Buddies program to allow our homeless and low-income students to go home on Fridays with a grocery sack filled with nutritious snacks.

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**TEA Program Requirement 3:** Describe how early interventions and ongoing progress monitoring will be implemented to address the academic needs of homeless children and youth. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Crosby ISD reviews the academic history of all students when determining the need of additional supplements for success. Students that are homeless and/or unaccompanied are included in these provisions. One of the district goals is for all students to be college and career ready upon graduation. By offering an additional transportation service for these students, we are giving them the opportunity to gain academic and extra-curricular success. Historically, students that are involved in extra-curricular activities have a higher graduation rate and students that are homeless and/or unaccompanied are at a greater advantage to graduate with their cohort if they are involved in extra-curricular activities.

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: 101906

Amendment # (for amendments only):

**TEA Program Requirement 4:** Describe the procedures in place to review, monitor, and implement academic support services to ensure secondary homeless students are on track for grade-level promotion, graduation, and college and career readiness. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Communication between the homeless liaison and campus counselors to make sure they are aware of the identified student. Crosby ISD makes it a point to make sure the students are given every opportunity to be successful in their classes enabling them to advance in grade level promotion or/ and graduation.

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**Schedule #18—Equitable Access and Participation**

County-District Number or Vendor ID: 101906

Amendment number (for amendments only):

**No Barriers**

#	No Barriers	Students	Teachers	Others
000	The applicant assures that no barriers exist to equitable access and participation for any groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Barrier: Gender-Specific Bias**

#	Strategies for Gender-Specific Bias	Students	Teachers	Others
A01	Expand opportunities for historically underrepresented groups to fully participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A02	Provide staff development on eliminating gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A03	Ensure strategies and materials used with students do not promote gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A04	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A05	Ensure compliance with the requirements in Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A06	Ensure students and parents are fully informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Cultural, Linguistic, or Economic Diversity**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B01	Provide program information/materials in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B02	Provide interpreter/translator at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B03	Increase awareness and appreciation of cultural and linguistic diversity through a variety of activities, publications, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B04	Communicate to students, teachers, and other program beneficiaries an appreciation of students' and families' linguistic and cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B05	Develop/maintain community involvement/participation in program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B06	Provide staff development on effective teaching strategies for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B07	Ensure staff development is sensitive to cultural and linguistic differences and communicates an appreciation for diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B08	Seek technical assistance from education service center, technical assistance center, Title I, Part A school support team, or other provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B09	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11	Involve parents from a variety of backgrounds in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 101906

Amendment number (for amendments only):

**Barrier: Cultural, Linguistic, or Economic Diversity (cont.)**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B12	Offer "flexible" opportunities for parent involvement including home learning activities and other activities that don't require parents to come to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15	Provide adult education, including high school equivalency (HSE) and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B16	Offer computer literacy courses for parents and other program beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B17	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B18	Coordinate with community centers/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B19	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B20	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B21	Ensure compliance with the requirements in Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B22	Ensure students, teachers, and other program beneficiaries are informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B23	Provide mediation training on a regular basis to assist in resolving disputes and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Gang-Related Activities**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C01	Provide early intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C04	Provide flexibility in scheduling activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C05	Recruit volunteers to assist in promoting gang-free communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C06	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C07	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 101906

Amendment number (for amendments only):

**Barrier: Gang-Related Activities (cont.)**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C08	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	Establish collaborations with law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	Provide training/information to teachers, school staff, and parents to deal with gang-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Drug-Related Activities**

#	Strategies for Drug-Related Activities	Students	Teachers	Others
D01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D04	Recruit volunteers to assist in promoting drug-free schools and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D06	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D07	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D08	Provide comprehensive health education programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14	Provide training/information to teachers, school staff, and parents to deal with drug-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	Provide program materials/information in Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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County-District Number or Vendor ID: 101906

Amendment number (for amendments only):

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E03	Provide program materials/information in large type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E04	Provide program materials/information in digital/audio formats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E05	Provide staff development on effective teaching strategies for visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E06	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E07	Format materials/information published on the internet for ADA accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Hearing Impairments**

#	Strategies for Hearing Impairments			
F01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F02	Provide interpreters at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F03	Provide captioned video material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F04	Provide program materials and information in visual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F05	Use communication technology, such as TDD/relay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F06	Provide staff development on effective teaching strategies for hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F07	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Learning Disabilities**

#	Strategies for Learning Disabilities	Students	Teachers	Others
G01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G02	Expand tutorial/mentor programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G03	Provide staff development in identification practices and effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G04	Provide training for parents in early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Physical Disabilities or Constraints**

#	Strategies for Other Physical Disabilities or Constraints	Students	Teachers	Others
H01	Develop and implement a plan to achieve full participation by students with other physical disabilities or constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H02	Provide staff development on effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H03	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Barrier: Inaccessible Physical Structures**

#	Strategies for Inaccessible Physical Structures	Students	Teachers	Others
J01	Develop and implement a plan to achieve full participation by students with other physical disabilities/constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J02	Ensure all physical structures are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Absenteeism/Truancy**

#	Strategies for Absenteeism/Truancy	Students	Teachers	Others
K01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K02	Develop and implement a truancy intervention plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K04	Recruit volunteers to assist in promoting school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K06	Provide before/after school recreational or educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K07	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K08	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K09	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K10	Coordinate with health and social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K11	Coordinate with the juvenile justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K12	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: High Mobility Rates**

#	Strategies for High Mobility Rates	Students	Teachers	Others
L01	Coordinate with social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L02	Establish collaborations with parents of highly mobile families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L03	Establish/maintain timely record transfer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Support from Parents**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M01	Develop and implement a plan to increase support from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M02	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Barrier: Lack of Support from Parents (cont.)**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M03	Recruit volunteers to actively participate in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M04	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M05	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M06	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M07	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M08	Provide program materials/information in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M09	Involve parents from a variety of backgrounds in school decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M12	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M13	Provide adult education, including HSE and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M14	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M15	Facilitate school health advisory councils four times a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Shortage of Qualified Personnel**

#	Strategies for Shortage of Qualified Personnel	Students	Teachers	Others
N01	Develop and implement a plan to recruit and retain qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N02	Recruit and retain personnel from a variety of racial, ethnic, and language minority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N03	Provide mentor program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N04	Provide intern program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N05	Provide an induction program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N06	Provide professional development in a variety of formats for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N07	Collaborate with colleges/universities with teacher preparation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Knowledge Regarding Program Benefits**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P01	Develop and implement a plan to inform program beneficiaries of program activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P02	Publish newsletter/brochures to inform program beneficiaries of activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Barrier: Lack of Knowledge Regarding Program Benefits (cont.)**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P03	Provide announcements to local radio stations, newspapers, and appropriate electronic media about program activities/benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Transportation to Program Activities**

#	Strategies for Lack of Transportation	Students	Teachers	Others
Q01	Provide transportation for parents and other program beneficiaries to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q02	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q03	Conduct program activities in community centers and other neighborhood locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Barriers**

#	Strategies for Other Barriers	Students	Teachers	Others
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			

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Status	eCommerce Connection Site	PO Number	Vendor	Detail Lines	Date Sent	Time Sent	Date Received	Time Received	Current Process
Ordered	AMAZON BUSINESS	0011718503	AMAZON.COM LLC	6	03/23/2018	14:27:31	03/23/2018	14:27:32	Done